Case 17-01543-hb Doc 1 Filed 03/29/17 Entered 03/29/17 17:13:17 Desc Main Document Page 1 of 70

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF SOUTH CAROLINA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	Α	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Cheryl First name Moody Middle name Price Last name and Suffix (Sr., Jr., II, III)	N	Aiddle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7550		

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Case number (if known)

Debtor 1 Cheryl Moody Price

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and Employer Identification Numbers (EIN) you have ☐ I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years DBA Priceless Therapy Services, LLC Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 1746 Edge Park Road Clover, SC 29710 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code York County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district.

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Cheryl Moody Price

Page 3 of 70 Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	☐ Chapter 7								
		_	hapter 11							
		□с	hapter 12							
		_	hapter 13							
8.	How you will pay the fee		about how yo	u may pay. Typ attorney is sub	pically, if you are paying the fee yo	k with the clerk's office in your local court for more details surself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with				
					stallments. If you choose this option to (Official Form 103A).	on, sign and attach the Application for Individuals to Pay				
			but is not req	uired to, waive	your fee, and may do so only if yo	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line tha n installments). If you choose this option, you must fill out				
						sial Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the	■ No	-							
	last 8 years?	□ Ye								
			District			Case number				
			District		When	Case number				
			District		When	Case number				
ΙΟ.	Are any bankruptcy cases pending or being	■ No)							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	2 S.							
			Debtor			Relationship to you				
			District		When	Case number, if known				
			Debtor			Relationship to you				
			District		When	Case number, if known				
11.	Do you rent your	■ No	Go to I	ine 12.						
	residence?	□Y€	es. Has yo	ur landlord obta	ained an eviction judgment agains	t you and do you want to stay in your residence?				
				No. Go to line	12.					
				Yes. Fill out In	uitial Statement About an Eviction .	Judgment Against You (Form 101A) and file it with this				

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		Document	i age + or ro	
Debtor 1	Cheryl Moody Price		Case number (if known)	

Pari	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor					
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.						
		☐ Yes.	Yes. Name and location of business							
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any						
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code					
	it to this petition.		Check		x to describe your business:					
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))					
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))					
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))					
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))					
				None of the above						
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you in s, cash-fl .C. 1116(idicate that you are ow statement, and f 1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure					
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	No.	I am r	not filing under Chap	oter 11.					
		□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.						
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
Part	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention					
14.	Do you own or have any	■ No.								
	property that poses or is alleged to pose a threat	☐ Yes.								
	of imminent and identifiable hazard to	□ res.	What is	the hazard?						
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?						
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs		s the property?						
					Number, Street, City, State & Zip Code					

Debtor 1 Cheryl Moody Price

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-01543-hb Doc 1 Filed 03/29/17 Entered 03/29/17 17:13:17 Desc Main Document Page 6 of 70 Case number (if known) Debtor 1 Cheryl Moody Price **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion ■ \$0 - \$50.000 estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Cheryl Moody Price Signature of Debtor 2 Cheryl Moody Price Signature of Debtor 1 Executed on Executed on

March 29, 2017

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Cheryl Moody Price Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ F. Lee O'Steen	Date	March 29, 2017
Signature of Attorney for Debtor	•	MM / DD / YYYY
F 1 0101		
F. Lee O'Steen		
Printed name		
O'Steen Law Firm, LLC		
Firm name		
P.O. Box 36534		
Rock Hill, SC 29732		
Number, Street, City, State & ZIP Code		
Contact phone (803) 327-5300	Email address	lee@osteenlawfirm.com
08032		
Bar number & State		

		Docum	ent Page 8 of 7	<u>′0 </u>	
Fill in this infor	mation to identify your	case:			
Debtor 1	Cheryl Moody Pric	e			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number _ (if known)					☐ Check if this is an amended filing
			,		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	175,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	107,222.94
	1c. Copy line 63, Total of all property on Schedule A/B	\$	282,222.94
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	186,390.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,853.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	39,064.66
	Your total liabilities	\$	228,307.66
⊃ar	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,432.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,778.17
⊃ar	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other so	hedules.
,	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Cheryl Moody Price Document Page 9 of 70 Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,261.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	2,853.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	2,853.00

Cheryl Moody F First Name First Name nkruptcy Court for the	Price Middle			Page 10 of 70 Last Name			
First Name	Middle Middle			Last Name			
First Name	Middle Middle			Last Name			
		Name					
nkruptcy Court for the	e: DISTRICT			Last Name			
		OF SOL	UTH CAROLINA	A			
							Check if this is a
							amended filing
rm 106A/B							
e A/B: Pro	perty						12/15
2.							
the property?							
	tion		Single-family ho	ome -unit building	the amount of any s	ecured cla	aims on Schedule D:
SC 2	9710-0000			or mobile home			current value of the ortion you own?
State	ZIP Code			perty		•	\$175,000.00
				,			
		Who	has an interest i	in the property? Check one	à life estate), if kno	,	y by the entireties, of
			Debtor 2 only		1 00 011111110		
						s commu	nity property
			r information yo	u wish to add about this iten	,		
		Tax	value \$163,0				
	e A/B: Pro eparately list and desce as complete and acce space is needed, attaiton. Each Residence, Build ave any legal or equit 2. The the property? Park Road favailable, or other descriptions of the property of the pr	e A/B: Property eparately list and describe items. List are as complete and accurate as possible space is needed, attach a separate sition. Each Residence, Building, Land, or Ottave any legal or equitable interest in a 2. Is the property? Park Road f available, or other description SC 29710-0000	e A/B: Property sparately list and describe items. List an asset as complete and accurate as possible. If two a space is needed, attach a separate sheet to the stion. Each Residence, Building, Land, or Other Real ave any legal or equitable interest in any residue. 2. Sthe property? What Park Road f available, or other description SC 29710-0000 State ZIP Code Who Tax	e A/B: Property eparately list and describe items. List an asset only once. If are as complete and accurate as possible. If two married people is space is needed, attach a separate sheet to this form. On the ition. Each Residence, Building, Land, or Other Real Estate You Owner ave any legal or equitable interest in any residence, building, land. 2. State Park Road State Single-family here are condominium of the condominium o	parately list and describe items. List an asset only once. If an asset fits in more than one as complete and accurate as possible. If two married people are filing together, both are a space is needed, attach a separate sheet to this form. On the top of any additional pages, tion. Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In ave any legal or equitable interest in any residence, building, land, or similar property? 2. the property? What is the property? Check all that apply Park Road f available, or other description What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	Park Road Favailable, or other description SC 29710-0000 State ZIP Code State ZIP Code Who has an interest in the property? Who has an interest in the property? Check one Who has an interest in the property? Check one Describe the nature, if the see simple Current value of the entire property? At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Tax map # 1790000020	Park Road [available, or other description State ZiP Code State ZiP Code Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Check iff this is communication you wish to add about this item, such as local property identification number: Tax map # 1790000020

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Case number (if known) Debtor 1 Cheryl Moody Price 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Pilot Utility Creditors Who Have Claims Secured by Property. Model ■ Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the 123,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another VIN: 5FNYF4H63CB075167 \$20,450.00 \$20,450.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Colorado Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2016 Year: Debtor 2 only Current value of the Current value of the 22,500 portion you own? Approximate mileage: Debtor 1 and Debtor 2 only entire property? Other information: At least one of the debtors and another \$23,175.00 \$23,175.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$43,625.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,670.00 Household goods 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$485.00 Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe.....

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	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
musical instri □ No	uments	
Yes. Describe		
_ 100. B0001180		
	Bicycle (2)	\$35.00
	Piano	\$100.00
	<u> </u>	
	Camping gear	\$0.00
	Camping godi	
10. Firearms Examples: Pistols, rifles □ No ■ Yes. Describe	s, shotguns, ammunition, and related equipment	
	Bersa .380 pistol	\$80.00
11. Clothes Examples: Everyday cle □ No ■ Yes. Describe	othes, furs, leather coats, designer wear, shoes, accessories	
	Clothing	\$600.00
	Clouring	
12. Jewelry Examples: Everyday je □ No ■ Yes. Describe	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g	old, silver
	Jewelry	\$440.00
13. Non-farm animals Examples: Dogs, cats, □ No ■ Yes. Describe	birds, horses Dog and cats (2)	\$100.00
14. Any other personal an ☐ No ☐ Yes. Give specific inf	d household items you did not already list, including any health aids you did not list	
	Lawn mower - Riding Lawn mower	\$300.00
	Lawii mowoi - Maing Lawii mowoi	
	of all of your entries from Part 3, including any entries for pages you have attached number here	\$3,810.00
Part 4: Describe Your Finan		
Do you own or have any l	egal or equitable interest in any of the following?	Current value of the

portion you own?
Do not deduct secured claims or exemptions.

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Debtor 1 Cheryl Moody Price Case number (if known) 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$275.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... \$138.51 Checking Capital One 2178 \$0.58 Savings Capital One 0838 17.2. Savings Family Trust Federal Credit Union 2751 \$5.00 17.3. Family Trust Federal Credit Union 2751 \$5.00 Checking 17.4. Wells Fargo 6000 \$300.00 17.5. Checking Founders Federal Credit Union 2034 \$2,000.00 Checking 17.6. Founders Federal Credit Union 2034 \$5.00 17.7. Savings Bank of America 2581 \$4.500.00 Checking 17.8. Bank of America 2594 \$100.00 17.9. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts □ No Institution or issuer name: Yes..... Capital One Investing 6828 \$756.88 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership: %

Official Form 106A/B

100

Priceless Therapy Services, LLC

\$0.00

Debto	r 1 Cheryl Mo	oody Price	Document	Page 14 (OT 70 Case number	· (if known)	
Ν	egotiable instrume on-negotiable inst	orporate bonds and other nents include personal checks, ruments are those you cannot	, cashiers' checks, p	romissory notes, a	and money orders.		
		information about them Issuer name:					
	•	sion accounts s in IRA, ERISA, Keogh, 401(I	k), 403(b), thrift savi	ngs accounts, or c	other pension or prof	fit-sharing plans	
■ '	Yes. List each acc	count separately. Type of account:	Institution	n name:			
		IRA	Vangua	rd			\$19,415.92
		401(k)	SC Stat	e Retirement			\$17,451.05
Y:	our share of all un xamples: Agreeme	and prepayments used deposits you have madents with landlords, prepaid re	, ,			,	
	No Yes		Institution	n name or individu	ıal:		
	`	ct for a periodic payment of m	noney to you, either	for life or for a nur	nber of years)		
	No Yes	Issuer name and description	n.				
26	U.S.C. §§ 530(b)(cation IRA, in an account in 1), 529A(b), and 529(b)(1).	a qualified ABLE p	orogram, or unde	r a qualified state t	tuition program.	
	No Yes	Institution name and descri	ption. Separately file	the records of an	y interests.11 U.S.C	:. § 521(c):	
	•	r future interests in propert	y (other than anyth	ning listed in line	1), and rights or po	owers exercisable for yo	ur benefit
		c information about them					
_E.	xamples: Internet	s, trademarks, trade secrets domain names, websites, pro			reements		
	140	c information about them					
	xamples: Building	es, and other general intang permits, exclusive licenses, o		tion holdings, liquc	or licenses, profession	onal licenses	
_		c information about them					
Mone	y or property ow	ed to you?				portion yo Do not dec	alue of the ou own? duct secured exemptions.
	x refunds owed	to you					
		information about them, inclu	uding whether you a	lready filed the ret	urns and the tax yea	ars	
	•	e or lump sum alimony, spous	sal support, child sur	oport, maintenance	e, divorce settlemen	t, property settlement	

Official Form 106A/B Schedule A/B: Property page 5

■ Yes. Give specific information.....

Debtor 1			Entered 03/29/17 17:13:1 age 15 of 70 Case number (if known	
		Samuel Price	Child Support	\$4,185.00
		John Clement		\$10,000.00
	benefits; unpaid loans you		s, sick pay, vacation pay, workers' comp	pensation, Social Security
☐ Ye	es. Give specific information			
		ırance; health savings account (HSA	A); credit, homeowner's, or renter's insur	rance
	es. Name the insurance company of Company		Beneficiary:	Surrender or refund value:
	Met Life Term life	insurance		\$0.00
Exa. ■ No	mples: Accidents, employment disp	or not you have filed a lawsuit or outes, insurance claims, or rights to		
	er contingent and unliquidated cl	aims of every nature, including co	ounterclaims of the debtor and rights	to set off claims
	s. Describe each claim			
35. Any ■ No	financial assets you did not alrea	ady list		
☐ Ye	es. Give specific information			
	-	ntries from Part 4, including any e	entries for pages you have attached	\$59,137.94
Part 5:	Describe Any Business-Related Prop	erty You Own or Have an Interest In. L	ist any real estate in Part 1.	
	ou own or have any legal or equitable Go to Part 6.	interest in any business-related prope	erty?	
■ Yes	. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Acc o	ounts receivable or commissions	s you already earned		
■ No	es. Describe			

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1	Cheryl Moody P	rice	ocument	Page 16 of	70 Case number <i>(i</i>	f known)	
<i>Exam</i> □ No	equipment, furnish	ings, and supplies d computers, software, mo	dems, printers, c	opiers, fax machin	es, rugs, telephone	s, desks, chairs,	electronic devices
	С	Computer (3)				_	\$150.00
	Т	est and assessments				_	\$500.00
■ No	inery, fixtures, equip	oment, supplies you use	n business, and	tools of your tra	de		
41. Inven ■ No □ Yes	tory						
■ No	sts in partnerships . Give specific inform	or joint ventures nation about them Name of entity:			% of ownershi	p:	
■ No.	_	sts, or other compilations		S.C. § 101(41A))?			
	■ No □ Yes. Describe						
■ No	usiness-related pro	perty you did not already	list				
		all of your entries from Pa				hed	\$650.00
		Commercial Fishing-Related rest in farmland, list it in Part 1		n or Have an Intere	est In.		
■ No	s. Go to Part 7.	egal or equitable interest			ng-related property	ls.	
53. Do yo	u have other proper	rty of any kind you did no country club membership					

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known)

Document Debtor 1 Cheryl Moody Price

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$175,000.00
56.	Part 2: Total vehicles, line 5	\$43,625.00		
57.	Part 3: Total personal and household items, line 15	\$3,810.00		
58.	Part 4: Total financial assets, line 36	\$59,137.94		
59.	Part 5: Total business-related property, line 45	\$650.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$107,222.94	Copy personal property total	\$107,222.94
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$282,222.94

Official Form 106A/B Schedule A/B: Property page 8 Case 17-01543-hb

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Desc Main

Address Report

York County Government, SC



Property Location: TR# 2(2.01AC)EDGE PARK ROAD

Subdivision:

Owner(s): PRICE CHERYL

ELIZABETH

Previous Grantor: PRICE SAMUEL RICHARD & CHERYL

Sales Date: March 16, 2015

Sales Price: \$1

Fire Code: (BT-I)
Bethany/Santiago

School District: Clover - 2

Municipal District:



Parcel Number: 1790000020

TaxMapID: 1790000020

Subdivision:

Lot Number: TRACT 2

Deeded Acres:

Deed Book/Page: 14728 / 257 Plat Book/Page: D177 / 2



Address: 1746 EDGE PARK RD,

CLOVER, SC 29710

Unit Number:

Lot Number:

Subdivision:

Jurisdiction: COUNTY

Dwelling Type: M

Unit Type:

 $\textbf{Use Status:} \ \bigcirc$

ID Number: 88597

Last Edit Date: 4/15/2013 1:59:53

PIM

% Taxes

TaxMapID: 1790000020

Tax Billing Address: 1746 EDGE

PARK ROAD CLOVER SC

Land Value: \$22,000

Building Value: \$141,000

Total Market Value: \$163,000

Total Tax Value: \$163,000

Total Assessed Value: \$6,520

Taxed As: 4%

Political

Township: KINGS MTN

Precinct Name: Bethany

Precinct Location: Bethany

Elementary School

York County Coucil District:

3

York County Council Member:

Robert Winkler

SC House District: HD-030

SC Senate District: 14

Census Tract: 061701

Specifical District

Zoning: RUD

Watershed ID: 03050105140

Watershed Name: Bullock Creek

Flood Zone: no

Building Inspector District: B-3

Fire District: Bethany

Urban Area: Non-Urbanized

City Jurisdiction: COUNTY

3/29/2017 9:02 AM

		DOMINIC.		
Fill in this infor	mation to identify your	case:		
Debtor 1	Cheryl Moody Pric	ce		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH (CAROLINA	
Case number				
(if known)				☐ Check if this
				amended fili

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B				
1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 Line from <i>Schedule A/B</i> : 1.1	\$175,000.00		\$53,200.00 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)	
2012 Honda Pilot Utility 123,000 miles VIN: 5FNYF4H63CB075167 Line from <i>Schedule A/B</i> : 3.1	\$20,450.00		\$5,900.00 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)	
Household goods Line from <i>Schedule A/B</i> : 6.1	\$1,670.00		\$1,670.00 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)	
Electronics Line from Schedule A/B: 7.1	\$485.00	■	\$485.00 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)	

Debtor 1 Cheryl Moody Price Document Page 20 of 70 Case number (if known)

tor 1 Cheryl Moody Price			Case number (if known)		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemptio	
	Schedule A/B	One	on only one box for each exemption.		
Bicycle (2)	\$35.00		\$35.00	S.C. Code Ann. §	
Line from <i>Schedule A/B</i> : 9.1			100% of fair market value, up to any applicable statutory limit	15-41-30(A)(7) Homestead exemption	
Piano Line from <i>Schedule A/B</i> : 9.2	\$100.00		\$100.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
and norm concedure / v.b. c.2			100% of fair market value, up to any applicable statutory limit	exemption	
Bersa .380 pistol Line from <i>Schedule A/B</i> : 10.1	\$80.00		\$80.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
and norm concedure / v B. 10.1			100% of fair market value, up to any applicable statutory limit	exemption	
Clothing Line from Schedule A/B: 11.1	\$600.00		\$600.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
			100% of fair market value, up to any applicable statutory limit	exemption	
Jewelry Line from <i>Schedule A/B</i> : 12.1	\$440.00		\$440.00	S.C. Code Ann. § 15-41-30(A)(4)	
			100% of fair market value, up to any applicable statutory limit		
Dog and cats (2) Line from Schedule A/B: 13.1	\$100.00		\$100.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
Ellie II olii ochedale A.B. 10.1			100% of fair market value, up to any applicable statutory limit	exemption	
Lawn mower - Riding Lawn mower Line from Schedule A/B: 14.1	\$300.00		\$0.00	S.C. Code Ann. § 15-41-30(A)(7)	
			100% of fair market value, up to any applicable statutory limit		
Cash Line from <i>Schedule A/B</i> : 16.1	\$275.00		\$275.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
			100% of fair market value, up to any applicable statutory limit	exemption	
Checking: Capital One 2178 Line from Schedule A/B: 17.1	\$138.51		\$138.51	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
			100% of fair market value, up to any applicable statutory limit	exemption	
Savings: Capital One 0838 Line from <i>Schedule A/B</i> : 17.2	\$0.58		\$0.58	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
			100% of fair market value, up to any applicable statutory limit	exemption	
Savings: Family Trust Federal Credit Jnion 2751	\$5.00		\$0.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	exemption	
Checking: Family Trust Federal Credit Union 2751	\$5.00	•	\$5.00	S.C. Code Ann. § 15-41-30(A)(7) Homestead	
Line from Schedule A/B: 17.4			100% of fair market value, up to	exemption	

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Debtor 1 Cheryl Moody Price Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking: Wells Fargo 6000 S.C. Code Ann. § \$300.00 \$300.00 Line from Schedule A/B: 17.5 15-41-30(A)(7) Homestead 100% of fair market value, up to exemption any applicable statutory limit Checking: Founders Federal Credit S.C. Code Ann. § \$2,000.00 \$2,000.00 Union 2034 15-41-30(A)(7) Unused Line from Schedule A/B: 17.6 Homesstead 100% of fair market value, up to any applicable statutory limit Checking: Bank of America 2581 S.C. Code Ann. § \$4,500.00 \$2,265.91 Line from Schedule A/B: 17.8 15-41-30(A)(7) 100% of fair market value, up to any applicable statutory limit IRA: Vanguard 11 U.S.C. § 522(b)(3)(C) \$19,415.92 \$19,415.92 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 401(k): SC State Retirement 11 U.S.C. § 522(b)(3)(C) \$17,451.05 \$17,451.05 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit Child Support: Samuel Price S.C. Code Ann. § \$4,185.00 \$4,185.00 Line from Schedule A/B: 29.1 15-41-30(A)(11)(d) 100% of fair market value, up to any applicable statutory limit John Clement S.C. Code Ann. § \$10,000.00 \$10,000.00 Line from Schedule A/B: 29.2 15-41-30(A)(11)(d) 100% of fair market value, up to any applicable statutory limit Met Life S.C. Code Ann. § 38-65-90 \$0.00 Term life insurance 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit Computer (3) S.C. Code Ann. § \$150.00 \$150.00 Line from Schedule A/B: 39.1 15-41-30(A)(6) 100% of fair market value, up to any applicable statutory limit Test and assessments S.C. Code Ann. § \$500.00 \$500.00 15-41-30(A)(6) Line from Schedule A/B: 39.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? П No

П

Yes

Fill in this informa	ation to identify you	r case:	Paue ZZ	01.70		
Debtor 1	Cheryl Moody Pr					
Dobtor 2	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Bank	ruptcy Court for the:	DISTRICT OF SOUTH CAROL	INA			
Case number					Charle	if this is an
(II KIIOWII)						if this is an led filing
Official Form	106D					
		Who Have Claims	Secured	by Propert	у	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors ha	ave claims secured by	your property?				
□ No. Check the control of the c	his box and submit tl	nis form to the court with your other	schedules. Yo	u have nothing else t	o report on this form.	
■ Yes. Fill in a	III of the information	below.				
Part 1: List All	Secured Claims					
		more than one secured claim, list the cre		Column A	Column B	Column C
		a particular claim, list the other creditors cal order according to the creditor's nam		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
	/GM Financial	Describe the property that secures t		\$33,186.00	\$23,175.00	\$10,011.00
Creditor's Name		2016 Chevrolet Colorado 22,5	500 miles			
Po Box 1838	853	As of the date you file, the claim is:	Check all that			
Arlington, T		apply. Contingent				
Number, Street, C	ity, State & Zip Code	☐ Unliquidated				
Who owes the debt	t? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as i	mortgage or secu	ıred		
Debtor 2 only		car loan)				
Debtor 1 and Debt	•	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the☐ Check if this claim	m relates to a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	Lien on Title			
community debt	Opened					
	12/15 Last					
Date debt was incuri	Active red 12/30/16	Last 4 digits of account numl	ber 0593			
		-				
1991	t Federal Credit	B	d 1	\$12,237.00	\$20,450.00	\$530.00
Union Creditor's Name		Describe the property that secures to 2012 Honda Pilot Utility 123,0		Ψ12,207.00	Ψ20, 400.00	Ψ000.00
		VIN: 5FNYF4H63CB075167	oo miics			
PO Drawer	10233	As of the date you file, the claim is: apply.	Check all that			
Rock Hill, So	C 29731	Contingent				
Number, Street, C	tity, State & Zip Code	Unliquidated				
Who owes the debt	t? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		An agreement you made (such as a car loan)	mortgage or secu	ured		
☐ Debtor 2 only ☐ Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien\			
At least one of the	•	☐ Judgment lien from a lawsuit	onamo o nem			

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Debtor 1 Cheryl Moody Price	Ca	ase number (if know)		
First Name Middle N	lame Last Name			
☐ Check if this claim relates to a community debt	■ Other (including a right to offset) Lien on Title			
Opened 12/15 Last Active 2/19/17	Last 4 digits of account number0002			
Family Trust Federal Credit Union Creditor's Name	Describe the property that secures the claim: 2012 Honda Pilot Utility 123,000 miles VIN: 5FNYF4H63CB075167	\$8,743.00	\$20,450.00	\$0.00
PO Drawer 10233 Rock Hill, SC 29731 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or secure car loan)	ed		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Lien on Title			
Opened 06/13 Last Active Date debt was incurred 2/15/17	Last 4 digits of account number 0001			
Date debt was incurred 2/13/17				
2.4 Fifth Third Bank	Describe the property that secures the claim:	\$132,224.00	\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent	\$132,224.00	\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$132,224.00	\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent		\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secure		\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or securcar loan)		\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secur car loan) Statutory lien (such as tax lien, mechanic's lien)		\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secur car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit		\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Opened 06/15 Last Active	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secur car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage		\$175,000.00	\$0.00
Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Opened 06/15 Last Active Date debt was incurred 2/07/17	1746 Edge Park Road Clover, SC 29710 York County Tax map # 1790000020 Tax value \$163,000.00 Purchased in 2007 for \$149,000.00 Wood storage building 10.3x16.6 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secur car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 3402		\$175,000.00	\$0.00

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debto	or 1 Cheryl Moody	y Price		Case number (if know)
	First Name	Middle Name	Last Name	
Part 2	List Others to E	Be Notified for a Debt Th	nat You Already Listed	
trying than o	to collect from you fo one creditor for any of	or a debt you owe to some	one else, list the creditor in Pa	t that you already listed in Part 1. For example, if a collection agency is rt 1, and then list the collection agency here. Similarly, if you have more ditors here. If you do not have additional persons to be notified for any
	Name, Number, Stree AmeriCredit/GM Po Box 181145 Arlington, TX 760			On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	Name, Number, Stree Fifth Third Bank 5050 Kingsley Dr Cincinnati, OH 45			On which line in Part 1 did you enter the creditor? 2.4 Last 4 digits of account number

		Documei	nt Page 25 of	70	-	
Fil	II in this information to identify your o	case:				
De	ebtor 1 Cheryl Moody Price	2				
	First Name	Middle Name	Last Name			
	ebtor 2					
(Sp	ouse if, filing) First Name	Middle Name	Last Name			
Un	nited States Bankruptcy Court for the:	DISTRICT OF SOUTH C	AROLINA			
Ca	ase number					
	known)				☐ Check	if this is an
					amend	ded filing
∩f	fficial Form 106E/F					
	chedule E/F: Creditors W	ho Havo Uneocu	rad Claime			12/15
	as complete and accurate as possible. Us			for craditors with NON	IDDIODITY claims. I	
Sch left. nan	needule G: Executory Contracts and Unexpiredule D: Creditors Who Have Claims Secu. Attach the Continuation Page to this pague and case number (if known). Int 1: List All of Your PRIORITY Un	ured by Property. If more spa e. If you have no information	ace is needed, copy the Pa	rt you need, fill it out,	number the entries i	in the boxes on the
1.	Do any creditors have priority unsecured	d claims against you?				
	☐ No. Go to Part 2.					
	Yes.					
2.	List all of your priority unsecured claims identify what type of claim it is. If a claim ha possible, list the claims in alphabetical orde Part 1. If more than one creditor holds a pa (For an explanation of each type of claim, s	s both priority and nonpriority a r according to the creditor's na rticular claim, list the other cre	amounts, list that claim here ame. If you have more than to ditors in Part 3.	and show both priority a wo priority unsecured cl	and nonpriority amoun aims, fill out the Conti	nts. As much as inuation Page of
				Total claim	Priority amount	Nonpriority amount
2.1	*Internal Revenue Service	Last 4 digits of	account number	\$2,853.00	\$2,853.00	\$0.00
	Priority Creditor's Name Centralized Insolvency Opera P.O. Box 7346	tions When was the o	lebt incurred?		-	
	Philadelphia, PA 19101-7346	A contraction	. M. de detecto of the			
	Number Street City State Zlp Code Who incurred the debt? Check one.		ou file, the claim is: Check	all that apply		
	_	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORI	TY unsecured claim:			
	\square At least one of the debtors and anothe	r Domestic sup	oport obligations			
	☐ Check if this claim is for a commun	ity debt Taxes and ce	ertain other debts you owe the	e government		
	Is the claim subject to offset?	☐ Claims for de	ath or personal injury while y	ou were intoxicated		
	■ No	☐ Other. Specif	·y			
	Yes		Taxes			
Pa	art 2: List All of Your NONPRIORIT	Y Unsecured Claims				
3.	Do any creditors have nonpriority unsec	ured claims against you?				
	☐ No. You have nothing to report in this pa	art. Submit this form to the cou	ırt with your other schedules.			
	Yes.					
4.	List all of your nonpriority unsecured claunsecured claim, list the creditor separately than one creditor holds a particular claim, li Part 2.	for each claim. For each clain	n listed, identify what type of	claim it is. Do not list cla	aims already included	I in Part 1. If more

Total claim

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Deptor	Cheryl Moody Price	Case number (if know)	
4.1	*Equifax Information Services LLC	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO Box 740256 Atlanta, GA 30374	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Notice only	
4.2	*Experian	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO Box 2002 Allen, TX 75013	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	
4.3	*FHA	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 451 7th Street SW	When was the debt incurred?	
	Washington, DC 20410 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	П	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice only	

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Debtor	1 Cheryl Moody Price	Case number (if know)	
4.4	*George Conits	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name U.S. Attorney General Office 55 Beattie Place, Suite 700 Greenville, SC 29601	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	
4.5	*Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	
	*North Carolina Department of		#0.00
4.6	Revenue Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	Angela C. Fountain Bankruptcy Manager Collections Examination Division	When was the debt incurred?	
	P.O. Box 1168 Raleigh, NC 27602 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify Notice only	

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,		
	Last 4 digits of account number	\$0.00
Honorable Alan Wilson P.O. Box 11549	When was the debt incurred?	
Columbia, SC 29211		
·	As of the date you file, the claim is: Check all that apply	
_	□ otit	
	_	
	,	
<u></u>		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Notice only	
*South Carolina Department of		#0.00
	Last 4 digits of account number	\$0.00
P.O. Box 12265 Columbia, SC 29211	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
<u> </u>		
■ Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	<u> </u>	
☐ Check if this claim is for a community		
•		
☐ Yes	■ Other. Specify Notice only	
*Trans Union Corporation	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name		70.00
	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	• , , , , , , , , , , , , , , , , , , ,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
-	<u> </u>	
⊔ Yes	Other. Specify Notice only	
	P.O. Box 11549 Columbia, SC 29211 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes *South Carolina Department of Revenue Nonpriority Creditor's Name P.O. Box 12265 Columbia, SC 29211 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes *Trans Union Corporation Nonpriority Creditor's Name PO Box 2000 Crum Lynne, PA 19022 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the Community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	South Carolina Attorney General Last 4 digits of account number

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Cheryl Moody Price	Case number (if know)	
*U.S. Department of Justice	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name 950 Pennsylvanie Avenue, NW	When was the debt incurred?	Ψ0.00
	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	auto you mo, the chain for check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	•	
☐ Debtor 1 and Debtor 2 only	<u> </u>	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Notice only	
*US Attorney For SC	Look A divite of account number	\$0.00
•	Last 4 digits of account number	Ψ0.00
1441 Main Street	When was the debt incurred?	
	As of the date year file the element of Check all that each	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
•		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Notice only	
*Vork County Clerk of Court		\$0.00
	Last 4 digits of account number	Ψ0.00
PO Box 649	When was the debt incurred?	
	As of the date you file the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that apply	
■ Debtor 1 only	☐ Contingent	
	-	
<u> </u>		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Notice only	
	*U.S. Department of Justice Nonpriority Creditor's Name 950 Pennsylvanie Avenue, NW Washington, DC 20530-0001 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes *US Attorney For SC Nonpriority Creditor's Name 1441 Main Street Columbia, SC 29201 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes *York County Clerk of Court Nonpriority Creditor's Name PO Box 649 York, SC 29745 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Avork County Clerk of Court Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another	**V.S. Department of Justice Nonpriority Creditor's Name 950 Pennsylvanie Avenue, NW Washington, De 20530-0001 Number Street City State Lip Code When was the debt incurred?

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Debtor	1 Cheryl Moody Price	Case number (if know)	
4.1	Chase Nonpriority Creditor's Name PO Box 1423	Last 4 digits of account number 4916 When was the debt incurred?	\$1,616.07
	Charlotte, NC 28201 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
4.1	Child and Family Therapy Center	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 363 Williamson Road, Ste 102 Mooresville, NC 28117	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.1 5	Christina Zimmerman Nonpriority Creditor's Name	Last 4 digits of account number	\$1,140.00
	1721 Ebenezer Road, Ste 215 Rock Hill, SC 29732	When was the debt incurred?	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Services	

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Debi	or i Cheryl Moody Price	Case number (if know)	
4.1 6	John Clement	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Syretta Anderson Khaled Law Firm 124 Oakland Avenue Rock Hill, SC 29732	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify nothing owed.	
4.1 7	Paragon Revenue Group	Last 4 digits of account number	\$913.44
	Nonpriority Creditor's Name 216 LePhillip Court Concord, NC 28025	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collecting for CaroMont Hospital	
4.1 8	Quest Diagnostics Nonpriority Creditor's Name	Last 4 digits of account number 4414	\$40.00
	PO Box 740777 Cincinnati, OH 45274	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	-	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Medical Services	
		— Outer, Openity	

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Debtor	1 Cheryl Moody Price	——————————————————————————————————————	Case number (if know)	
4.1	Synchrony Bank/BP	Last 4 digits of account number	6822	\$9,548.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i		
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:	
	At least one of the debtors and another	☐ Student loans	a Claim.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit card		
4.2	Synchrony Bank/Lowes Nonpriority Creditor's Name	Last 4 digits of account number	2173	\$4,314.00
	Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 03/07 Last Active 2/20/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane and other similar debte	
	No	' '		
	Yes	Other. Specify Credit card	purcnases	
4.2	Synchrony Bank/TJX Nonpriority Creditor's Name	Last 4 digits of account number	3546	\$34.00
	Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 09/13 Last Active 3/08/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims		
	No	☐ Debts to pension or profit-sharin		
	Yes	Other. Specify Credit card		

Case 17-01543-hb Doc 1 Filed 03/29/17 Entered 03/29/17 17:13:17 Desc Main Document Page 33 of 70 Debtor 1 Cheryl Moody Price Case number (if know) 4.2 Wells Fargo Business 3021 \$21,127.31 Last 4 digits of account number 2 Nonpriority Creditor's Name When was the debt incurred? PO Box 51174 Los Angeles, CA 90051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Business Debt ☐ Yes 4.2 York County Tax Collector 9171 \$331.84 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 116 When was the debt incurred? 2017 York, SC 29745 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Tax on 2016 Chevrolet ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Lowes Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 530914 Part 2: Creditors with Nonpriority Unsecured Claims Atlanta, GA 30353 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims C/o Po Box 965024 ■ Part 2: Creditors with Nonpriority Unsecured Claims Orlando, FL 32896 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Synchrony Bank/Lowes Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 956005 Part 2: Creditors with Nonpriority Unsecured Claims Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address
On which entry in Part 1 or
Synchrony Bank/TJX
Line 4.21 of (Check one):

Po Box 965005

Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Last 4 digits of account number

Orlando, FL 32896

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Debtor 1 Cheryl Moody Price

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,853.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,853.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 39,064.66
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 39,064.66

			.III	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Cheryl Moody Pric			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					<u></u>
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	O.I.y		State	2 0040	
	Name				
	Number	Street			_
	City		State	ZIP Code	-
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	Jity		Cidio		

		Docume	nt Page 36 o	of 70	
Fill in this	information to identify your	case:			
Debtor 1	Cheryl Moody Price	e			
D-h4 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	DISTRICT OF SOUTH O	CAROLINA		
Case numl	ber			□ Checki	f this is an
				amende	
Official	l Form 106H				
_	lule H: Your Cod	obtors			40/45
Scried	ule n. Your Cou	entors			12/15
eople are ill it out, a our name	filing together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question.	lying correct informati the Additional Page to	s complete and accurate as possible. If to ion. If more space is needed, copy the A to this page. On the top of any Additional as a codebtor.	dditional Page,
.					
■ No □ Yes					
	hin the last 8 years, have you a, California, Idaho, Louisiana			y? (Community property states and territorington, and Wisconsin.)	es include
_	Go to line 3. Did your spouse, former spouse.	use, or legal equivalent live	with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make s	if your spouse is filing with you. List the sure you have listed the creditor on Sch 6G). Use Schedule D, Schedule E/F, or S	edule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you Check all schedules that apply:	ı owe the debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	

State

City

ZIP Code

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Eill	in this information to identify your o	2250.								
	otor 1 Cheryl Mood									
De	otor 2	.,			_					
Uni	ted States Bankruptcy Court for the	e: DISTRICT OF SOUT	H CAROLINA							
	se number nown)		-			□ A		d filing ent showing	g postpetition llowing date:	chapter
<u>O</u>	fficial Form 106I					N	IM / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment Fill in your employment	ur spouse is not filing w On the top of any additi	ith you, do not inclu ional pages, write yo	ide infori	matic	n about	your spo umber (if I	ouse. If mo known). A	ore space is r nswer every	needed,
•	information.		Debtor 1						ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed				☐ Employed ☐ Not employed			
	employers.	Occupation	Self employed/P	riceless	The	rapy				
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Pai	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing to r	eport for	any l	ine, write	\$0 in the	space. Inc	lude your nor	n-filing
•	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	n for all e	emplo	yers for	that perso	n on the lir	nes below. If y	ou need
						For Deb	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
1	Calculate gross Income Add li	ne 2 + line 3		1	•		0.00	¢	NI/A	

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Deb	tor 1	Cheryl Moody Price	-	Cas	se number (if knov	vn)				
				F	or Debtor 1			Debtor : filing s		
	Cop	y line 4 here	4.	\$	0.0	00	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.0	00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.0	00	\$	-	N/A	=
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.0		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.0		\$		N/A	-
	5e.	Insurance	5e.	\$	0.0	00	\$		N/A	_
	5f.	Domestic support obligations	5f.	\$	0.0	00	\$		N/A	-
	5g.	Union dues	5g.	\$	0.0	00	\$		N/A	-
	5h.	Other deductions. Specify:	5h.+	+ \$	0.0	00	+ \$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.0	00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.0	00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total most business.	90	¢	4 422 (20	¢		NI/A	
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$ \$	4,432.0		\$ \$		N/A N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.0		Ψ \$		N/A	-
	8d.	Unemployment compensation	8d.	\$	0.0		\$		N/A	
	8e.	Social Security	8e.	\$	0.0		\$		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.0	00	\$		N/A	-
	8g.	Pension or retirement income	8g.	ֆ + \$	0.0		\$ + \$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h.+	- ф	0.0	<u> </u>	+ \$		N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4,432.0	00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		4,432.00 +	\$		N/A	= \$	4.432.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	ΙΟ. Ψ		4,432.00	•		11//		4,432.00
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depen					chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	4,432.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							y income
		Yes. Explain: Child support was ordered at \$542, but is not being a	eceiv	ed						

Official Form 106I Schedule I: Your Income page 2

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Fill in this infor	mation to identify yo	ur case:					
Debtor 1	Cheryl Moody				Chec	k if this is:	
						An amended filing	
Debtor 2 (Spouse, if filing))				_	A supplement show 13 expenses as of	ving postpetition chapter the following date:
,					_		
United States Ba	ankruptcy Court for the	DISTRICT	OF SOUTH CAROLINA	4		MM / DD / YYYY	
Case number (If known)							
Official F	Form 106J				•		
Be as comple information. It		possible. If eded, attach	two married people ar another sheet to this				
	scribe Your House joint case?	hold					
	o to line 2.						
	oes Debtor 2 live i	n a separate	e household?				
] No	·					
	Yes. Debtor 2 mus	t file Official	Form 106J-2, Expenses	for Separate House	ehold of Debt	tor 2.	
2. Do you h	ave dependents?	□ No					
	t Debtor 1 and	■ Ves F	ill out this information for ach dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
Do not sta	ate the						□ No
depender	nts names.			Daughter		5	■ Yes
							□ No
							□ Yes □ No
							☐ Yes
							□ No
							☐ Yes
	expenses include	■ N	0				
	s of people other tl and your depende	nan 🖂 🗒	<u> </u>				
yoursen	and your depende	1113 :					
	timate Your Ongoi						
expenses as capplicable date	of a date after the b	our bankrup bankruptcy i	tcy filing date unless y s filed. If this is a supp	ou are using this t lemental Schedule	orm as a su e <i>J</i> , check th	pplement in a Cha le box at the top o	f the form and fill in the
Include exper the value of s	nses paid for with ruch assistance and	non-cash go d have inclu	vernment assistance i ded it on <i>Schedule I:</i> Y	f you know Your Income			
(Official Form	1061.)					Your exp	enses
	al or home owners and any rent for the		es for your residence. In	nclude first mortgag	e 4. \$		894.19
If not inc	luded in line 4:						
4a. Rea	al estate taxes				4a. \$		0.00
	pperty, homeowner's	, or renter's	insurance		4b. \$		0.00
	me maintenance, re	-			4c. \$		25.00
	meowner's associat				4d. \$		0.00
5. Additiona	al mortgage payme	ents for you	r residence, such as ho	me equity loans	5. \$		0.00

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Deb	otor 1 Cheryl Moody F	Price	Case num	Case number (if known)				
6.	Utilities:							
	6a. Electricity, heat, n	natural gas	6a.	\$	240.00			
	6b. Water, sewer, gar	bage collection	6b.	\$	0.00			
	_	hone, Internet, satellite, and cable services	6c.	\$	71.00			
	6d. Other. Specify:	Telecommunications	6d.	\$	150.00			
7.	Food and housekeepir		7.	\$	400.00			
8.	Childcare and children	•	8.	\$	168.00			
9.	Clothing, laundry, and		9.		50.00			
	Personal care product	•	10.	· -	50.00			
	Medical and dental exp		11.		150.00			
	•	e gas, maintenance, bus or train fare.		<u> </u>	100.00			
12.	Do not include car paym		12.	\$	250.00			
13.		recreation, newspapers, magazines, and books	13.	\$	20.00			
14.		ns and religious donations	14.	· -	425.00			
15	Insurance.	3			120.00			
		e deducted from your pay or included in lines 4 or 20.						
	15a. Life insurance	, , ,	15a.	\$	47.61			
	15b. Health insurance		15b.	\$	616.63			
	15c. Vehicle insurance)	15c.	· -	0.00			
		Specify: Short Term Disability	15d.	·	45.36			
	Cancer	Official Form Bloadsinty		\$	30.24			
	Long term care			<u>\$</u>	40.14			
16				Ψ	40.14			
10.	Specify: Vehicle Taxe	axes deducted from your pay or included in lines 4 or 20.	16.	\$	30.00			
				φ				
4-7		ax for quarter on income		Φ	75.00			
17.	Installment or lease pa 17a. Car payments for		17a.	¢	0.00			
				·	0.00			
	17b. Car payments for	venicle 2	17b.	·	0.00			
	17c. Other. Specify:		17c.	·	0.00			
	17d. Other Specify:		17d.	\$	0.00			
18.		ony, maintenance, and support that you did not repo		\$	0.00			
40	deducted from your pa	ay on line 5, Schedule I, Your Income (Official Form 10)61). 10.					
19.		nake to support others who do not live with you.	40	\$	0.00			
00	Specify:	and the standard to the second section of the second section of the second section of the second second section of the section of the second section of the section of the second section of the section o	19.					
20.		penses not included in lines 4 or 5 of this form or on			0.00			
	20a. Mortgages on oth	• • •	20a.		0.00			
	20b. Real estate taxes		20b.	· ·	0.00			
		vner's, or renter's insurance	20c.	·	0.00			
	·	air, and upkeep expenses	20d.	·	0.00			
	20e. Homeowner's ass	sociation or condominium dues	20e.	·	0.00			
21.	Other: Specify:		21.	+\$	0.00			
22	Coloulate very marth!	u evnence.						
ZZ .	Calculate your monthly			•	2 770 47			
	22a. Add lines 4 through		1.0	\$	3,778.17			
		hly expenses for Debtor 2), if any, from Official Form 106	J-2	\$				
	22c. Add line 22a and 23	2b. The result is your monthly expenses.		\$	3,778.17			
22	Calculate your monthly	v net income						
۷۵.	Calculate your monthly	r combined monthly income) from Schedule I.	23a.	¢	4 422 00			
		· /			4,432.00			
	23b. Copy your month	y expenses from line 22c above.	23b.	-\$	3,778.17			
	22a Cubtrast various	nthis avenue of from your monthly in a re-						
		nthly expenses from your monthly income.	23c.	\$	653.83			
	i ne result is your	monthly net income.	200.	L -	200.00			
24	Do you expect on incre	page or decrease in your expenses within the year of	or you file this	s form?				
4 4.	For example, do you expect	ease or decrease in your expenses within the year aft t to finish paying for your car loan within the year or do you expec	t vour mortaage	payment to incre	ase or decrease because of a			
	modification to the terms of		. , our morigage		255 5. 40010400 5004400 01 4			
	■ No.	· · · · · ·						
		n here:						
	☐ Yes. Explai	II IIGIG.						

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Fill in this in	nformation to identify your	case:			
Debtor 1	Cheryl Moody Pric				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case numbe	er				
(if known)				_	ck if this is an nded filing
obtaining me		n connection with a bank		Making a false statement, conceal fines up to \$250,000, or imprisonr	
_	Sign Below				
Did you	u pay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
■ No	0				
☐ Ye	es. Name of person			Attach Bankruptcy Petition Declaration, and Signature	
				Deciaration, and Signature	(Official Form 119)
	penalty of perjury, I declare by are true and correct.	that I have read the sum	mary and schedules filed	with this declaration and	
X /s/	Cheryl Moody Price		X		
Che	eryl Moody Price nature of Debtor 1		Signature of D	Debtor 2	
· ·					
Dat	March 29, 2017		Date		

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Fill	in this inforr	nation to identify you	r case:			
Del	otor 1	Cheryl Moody Pri				
Dok	otor 2	First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ba	nkruptcy Court for the:	DISTRICT OF SOUTH CA	AROLINA		
Cas	se number					
	nown)				_	heck if this is an mended filing
						menaea ming
\sim t	ficial Fa	was 107				
	<u>ficial Fo</u>	-	Affaina fan Indiaid	luala Filian fan D		
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup additional pages, write you	
		n). Answer every ques		this form. On the top of any	additional pages, write you	ir name and case
Par	t 1: Give [Details About Your Ma	rital Status and Where You	Lived Before		
1.		r current marital statu				
	_					
	☐ Married					
	■ Not mai	rried				
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	No					
	☐ Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	•	
	Debtor 1 Pr	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3.	Within the la	ast 8 vears. did vou ev	ver live with a spouse or led	ıal equivalent in a commun	ity property state or territory	? (Community property
state					co, Texas, Washington and W	
	No					
		ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
		•	`	,		
Par	t 2 Explai	in the Sources of You	r Income			
4.	Fill in the total	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	_	I in the details.				
			D. ()		D.L.	
			Debtor 1 Sources of income	Gross income	Debtor 2	Gross income
			Check all that apply.	(before deductions and exclusions)	Sources of income Check all that apply.	(before deductions and exclusions)
	-	of current year untiled for bankruptcy:	☐ Wages, commissions, bonuses, tips	Unknown	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

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Case number (if known) Document

Debtor 1 Cheryl Moody Price

					Debtor 1				Debtor 2		
					Sources of incor Check all that app	oly.	Gross income (before deduction exclusions)	ns and	Sources of inco		Gross income (before deductions and exclusions)
			dar year: December	31, 2016)	☐ Wages, comm bonuses, tips	issions,	\$51,171.00		☐ Wages, combonuses, tips	nissions,	
					Operating a bu	ısiness			☐ Operating a l	ousiness	
			dar year be December		☐ Wages, comm bonuses, tips	issions,	\$65,3	389.00	☐ Wages, combonuses, tips	missions,	
					Operating a bu	ısiness			☐ Operating a l	ousiness	
5.	Inclu and winn	other other nings. each s	come regard public benef If you are fili	lless of whetl fit payments; ng a joint cas he gross inco		xable. Examp come; interest ome that you	ples of other inco t; dividends; mon I received togethe	me are al ey collect er, list it o	ed from lawsuits; inly once under De	royalties, and btor 1	ecurity, unemployment, d gambling and lottery
					Debtor 1				Debtor 2		
					Sources of incomposition Describe below.		Gross income for each source (before deduction exclusions)		Sources of inco		Gross income (before deductions and exclusions)
			dar year: December	31, 2016)	Child Support		\$5,7	735.00			
			dar year be December		Child Support		\$6,3	355.00			
Par	rt 3:	List	Certain Pa	yments You	Made Before You	Filed for Ba	nkruptcy				
6.	Are □	either No.	Neither De	ebtor 1 nor [e's debts primarily of Debtor 2 has prima a personal, family, or	rily consume	er debts. Consur	mer debts	are defined in 11	U.S.C. § 101	I(8) as "incurred by an
				-	ore you filed for banl	kruptcy, did y	ou pay any credi	tor a total	of \$6,425* or mor	e?	
			□ No. □ Yes	paid that cr	each creditor to who reditor. Do not includ	de payments t	for domestic supp	port obliga			ne total amount you nd alimony. Also, do
			* Subject		payments to an atto t on 4/01/19 and eve				or after the date of	adjustment.	
		Yes.			or both have prima ore you filed for bank	-		tor a total	of \$600 or more?		
			■ No.	Go to line 7	7.						
			□ Yes	include pay	each creditor to who ments for domestic r this bankruptcy cas	support oblig					creditor. Do not nclude payments to an
	Cre	editor'	s Name and	d Address	Dates	of payment	Total am	ount paid	Amount you still owe	Was this p	ayment for

Case number (*if known*) Debtor 1 Cheryl Moody Price Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Amount you Insider's Name and Address Total amount Reason for this payment Dates of payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Family Court Actions against Pending Husband and for Child support □ On appeal □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes

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Debtor 1 Cheryl Moody Price

Pai	t 5: List Certain Gifts and Contributions										
13.	 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. 										
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value						
	Person to Whom You Gave the Gift and Address:										
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.										
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal	Describe what you contributed	Dates you contributed	Value						
Pai	t 6: List Certain Losses										
15.	Within 1 year before you filed for bankrupt or gambling? ■ No □ Yes. Fill in the details.	tcy or	since you filed for bankruptcy, did you lose any	thing because of theft	t, fire, other disaster,						
	how the loss occurred	nclude	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost						
Pai	t 7: List Certain Payments or Transfers										
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.										
	□ No ■ Yes. Fill in the details.										
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	u	Description and value of any property transferred	Date payment or transfer was made	Amount of payment						
	O'Steen Law Firm, LLC P.O. Box 36534 Rock Hill, SC 29732 lee@osteenlawfirm.com		\$500.00 - includes cost (Attorney fee \$0.00, filing fee \$310.00, Abacus Credit Counseling \$60.00, CIN Legal Data Services/credit report \$30.00, judgment search \$100.00)	March 24, 2017	\$500.00						
17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y	tors o		or transfer any proper	ty to anyone who						
	■ No □ Yes. Fill in the details.										
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was	Amount of payment						

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Debtor 1 Cheryl Moody Price

18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No	usiness or financial affa ade as security (such as t	airs? the granting of a s			-	
	Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and v property transfer		payme	be any property or nts received or debts exchange	Date tra	ansfer was
	Person's relationship to you						
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a s	self-settled	trust or similar device	of which	you are a
	No						
	Yes. Fill in the details.	5				D / T	ansfer was
	Name of trust Description and value of the property transferred						
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	t Boxes, and Sto	rage Units	.		
20.		y, were any financial ac	counts or instru	ments hel	d in your name, or for	our benef	fit, closed,
	sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc				shares in banks, cred	it unions,	brokerage
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour	nt or	Date account was closed, sold, moved, or		ast balance e closing or transfer
					transferred		
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed for	bankruptcy, an	y safe dep	osit box or other depo	sitory for s	securities,
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	he contents	Do y have	ou still it?
22.	Have you stored property in a storage unit of	or place other than your	home within 1 y	ear before	you filed for bankrup	cy?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	he contents	Do y have	ou still it?
Par	t 9: Identify Property You Hold or Control	for Someone Fise					
				_			
23.	Do you hold or control any property that so for someone.	meone else owns? Incli	ude any property	y you borro	owed from, are storing	for, or ho	ld in trust
	□ No■ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the property			Value
	Family	Debtor's home		household	clothing and I goods stored for iblings and cousin		Unknown

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Debtor 1 Cheryl Moody Price

Part 10: Give Details About Environmental Information

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For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

		ardous material means anything an env ardous material, pollutant, contaminant		waste, hazard	lous substance, toxic	substance,					
Rep	ort a	II notices, releases, and proceedings th	at you know about, regardless of when	they occurred	1 .						
24.	Has	any governmental unit notified you tha	t you may be liable or potentially liable	under or in vi	olation of an environm	ental law?					
		No Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		ental law, if you	Date of notice					
25.	Hav	re you notified any governmental unit of	any release of hazardous material?								
		No Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		ental law, if you	Date of notice					
26.	Hav	re you been a party in any judicial or adı	ministrative proceeding under any envi	ronmental law	? Include settlements	and orders.					
		No Yes. Fill in the details.									
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the	case	Status of the case					
Pai	rt 11:	Give Details About Your Business or	Connections to Any Business								
27.	Wit	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
		☐ A sole proprietor or self-employed i	in a trade, profession, or other activity,	either full-time	or part-time						
		■ A member of a limited liability comp	pany (LLC) or limited liability partnershi	p (LLP)							
		☐ A partner in a partnership									
		☐ An officer, director, or managing ex	ecutive of a corporation								
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation								
		No. None of the above applies. Go to	Part 12.								
		Yes. Check all that apply above and fil	l in the details below for each business								
	Ad	siness Name dress mber, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper		r Identification numbenclude Social Security						
				Dates bu	siness existed						
		celess Therapy Services, LLC 46 Edge Park Road	Speech evaluation and treatment	EIN:	27-2155305						
	1746 Edge Park Road Clover, SC 29710		Mark Schmitt 1430 Ebenezer Road, Suite 105 Rock Hill, SC 29732	From-To	2010 - Present						

Page 48 of 70 Case number (if known) Document Debtor 1 Cheryl Moody Price 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cheryl Moody Price Signature of Debtor 2 Cheryl Moody Price Signature of Debtor 1 Date March 29, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your case:		
Debtor 1	Cheryl Moody Price		
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the: District of South Carolina			
Case number (if known)			

Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:							
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). 							
☐ 3. The commitment period is 3 years.							
4. The commitment period is 5 years.							
☐ Check if this is an amended filing							

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1:	Calculate Your Average Monthly Income									
1.	Wha	t is your marital and filing status? Check or	ne c	only.							
	■ N	ot married. Fill out Column A, lines 2-11.									
	□м	arried. Fill out both Columns A and B, lines 2	-11.								
10 the	1(10A e 6 mo	ne average monthly income that you received from the average monthly income that you received from the sample, if you are filing on September 15, the onthis, add the income for all 6 months and divide the own the same rental property, put the income from the same rental property, put the income from the same rental property.	e 6-ı tota	month period value by 6. Fill in t	would b the resu	oe Mar ult. Do	ch 1 throu not includ	gh Augi e any in	ust 31. If the amo	ount of your monthly income ore than once. For example	varied during , if both
								Colum Debto		Column B Debtor 2 or non-filing spouse	
		gross wages, salary, tips, bonuses, overtional deductions).	ime	, and comm	issior	ns (be	efore all	\$	0.00	\$	
		ony and maintenance payments. Do not incomn B is filled in.	lud	e payments	from a	spou	ise if	\$	0.00	\$	
	of you from and r	mounts from any source which are regular ou or your dependents, including child sup an unmarried partner, members of your house commates. Include regular contributions from in. Do not include payments you listed on line	por eho a s	t. Include re	gular d endent	contril ts, pa	butions rents, is not	\$	671.67	\$	
		ncome from operating a business,		Debtor 1							
	Gros	s receipts (before all deductions)	\$		5,161	.00					
	Ordir	nary and necessary operating expenses	-\$		571	.66					
		monthly income from a business, ession, or farm	\$		4,589	9.34	Copy here -> §	§	4,589.34	\$	
6.	Net i	ncome from rental and other real property		Debtor 1							
	Gros	s receipts (before all deductions)		· · — ·	.00						
	Ordir	nary and necessary operating expenses		T	.00						
	Net n	monthly income from rental or other real prope	rtv	\$ 0	.00	Сору	here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Net monthly income from rental or other real property

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Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing sp	ouse	
7.	Inte	rest, dividends, and royalties		\$	0.00	\$		
8.	Une	mployment compensation		\$	0.00	\$		
		not enter the amount if you contend that the amount received was a bene Social Security Act. Instead, list it here:	fit under					
			00					
		or your spouse \$						
	bene	sion or retirement income. Do not include any amount received that was efft under the Social Security Act.		\$	0.00	\$		
10.	Do n rece dom	ome from all other sources not listed above. Specify the source and an include any benefits received under the Social Security Act or paymer ived as a victim of a war crime, a crime against humanity, or international estic terrorism. If necessary, list other sources on a separate page and pubelow.	nts I or					
				\$	0.00	\$		
				\$	0.00	\$		
		Total amounts from separate pages, if any.	+	\$	0.00	\$		
11.		culate your total average monthly income. Add lines 2 through 10 for a column. Then add the total for Column A to the total for Column B.	\$	5,261.01	+ _		= \$	5,261.01
Part	2:	Determine How to Measure Your Deductions from Income						Il average Ithly income
12. 13.	Cop	y your total average monthly income from line 11. culate the marital adjustment. Check one:					\$	5,261.01
		You are not married. Fill in 0 below.						
		You are married and your spouse is filing with you. Fill in 0 below.						
		You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse'						
		Below, specify the basis for excluding this income and the amount of inc					•	
		adjustments on a separate page.				•		
		If this adjustment does not apply, enter 0 below.	\$					
			. Ψ.—. \$					
			+\$					
		Total	\$	0.0	0 Co	oy here=>	_	0.00
		Total	_			,		
14.	Yo	ur current monthly income. Subtract line 13 from line 12.					\$	5,261.01
15.	Cal	culate your current monthly income for the year. Follow these steps						
	15a	a. Copy line 14 here=>					\$	5,261.01
		Multiply line 15a by 12 (the number of months in a year).				ſ	x 1	2
	15b	o. The result is your current monthly income for the year for this part of t	he form.				\$6	3,132.12

Cheryl Moody Price

Debtor 1

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Debt	or 1	Cheryl Moody Price		Case number (if known)		
16	. Cal	ulate the median family income that applies to	you. Follow these steps	:		
	16a	Fill in the state in which you live.	SC			
	16b	Fill in the number of people in your household.	2			
		Fill in the median family income for your state an			¢	54,905.00
	100	To find a list of applicable median income amour	nts, go online using the lir		Φ_	
17	Llaw	instructions for this form. This list may also be av	ailable at the bankruptcy	clerk's office.		
17	. по v 17a	do the lines compare? Line 15b is less than or equal to line 16c.	On the ten of page 1 of	his form, shock how 1. Dianocable in	oomo io not	datarminad undar
	17 a	11 U.S.C. § 1325(b)(3). Go to Part 3. Do				
	17b	■ Line 15b is more than line 16c. On the to 1325(b)(3). Go to Part 3 and fill out Cal your current monthly income from line 14	culation of Your Dispos			
Par	t 3:	Calculate Your Commitment Period Under 1	1 U.S.C. § 1325(b)(4)			
18.	Cop	y your total average monthly income from line	11.		\$	5,261.01
19.	con	uct the marital adjustment if it applies. If you a end that calculating the commitment period under use's income, copy the amount from line 13.				
	19a	If the marital adjustment does not apply, fill in 0 c	on line 19a.		-\$	0.00
	19b	Subtract line 19a from line 18.			\$	5,261.01
20.	Cal	ulate your current monthly income for the yea	r. Follow these steps:			
	20a	Copy line 19b			\$_	5,261.01
		Multiply by 12 (the number of months in a year).				c 12
	20b	The result is your current monthly income for the	year for this part of the fe	orm	\$_	63,132.12
	20c	Copy the median family income for your state an	d size of household from	line 16c	\$_	54,905.00
	21.	How do the lines compare?				
		Line 20b is less than line 20c. Unless other period is 3 years. Go to Part 4.	wise ordered by the court	, on the top of page 1 of this form, ch	eck box 3,	The commitment
		Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.		by the court, on the top of page 1 of	this form, cl	heck box 4, <i>The</i>
Par	t 4:	Sign Below				
	Bys	igning here, under penalty of perjury I declare tha	t the information on this s	statement and in any attachments is t	rue and cor	rect.
)	(/s/	Cheryl Moody Price				
•	Cł	eryl Moody Price				
	`	nature of Debtor 1				
	Date	March 29, 2017 MM / DD / YYYY				
	If yo	u checked 17a, do NOT fill out or file Form 122C-	2.			
	If yo	u checked 17b, fill out Form 122C-2 and file it with	n this form. On line 39 of	that form, copy your current monthly	income fron	n line 14 above.

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				_		
Fill in	this information to i	dentify your case:				
Debto	r 1 Cheryl Mo	ody Price				
Debto	r 2	•				
	se, if filing)					
United	l States Bankruptcy C	ourt for the: _District of S	South Carolina			
Case (if kno	number wn)			☐ Check	k if this is an amend	ed filing
Off: - ! -	I F 4000 0					
	<u>ı Form 122C-2</u> ıpter 13 Cald	ulation of Yo	ur Disposable	Income		04/16
	out this form, you wi itment Period (Offici		copy of Chapter 13 States	nent of Your Current Monthly	Income and Calcula	tion of
space	is needed, attach a s		orm, Include the line numb	gether, both are equally respo er to which additional inform		
Part 1	Calculate Your	Deductions from Your	Income			
the	questions in lines 6-		ndards, go online using the	for certain expense amounts e link specified in the separat		
exp	enses if they are high	r than the standards. Do	not include any operating e	pense. In later parts of the form expenses that you subtracted fr b's income in line 13 of Form 12	om income in lines 5 a	
If yo	our expenses differ fro	m month to month, enter	the average expense.			
Not	e: Line numbers 1-4 a	e not used in this form.	These numbers apply to info	rmation required by a similar fo	orm used in chapter 7 c	ases.
5.	The number of peo	ole used in determining	your deductions from inc	come		
	Fill in the number of plus the number of a the number of people	ny additional dependents	imed as exemptions on your s whom you support. This nu	federal income tax return, Imber may be different from	2	
Nat	ional Standards	You must use the IF	RS National Standards to an	swer the questions in lines 6-7.		
6.		other items: Using the dollar amount for food, cl		ed in line 5 and the IRS Nation	al \$	1,083.00
7.	the dollar amount for people who are 65 o	out-of-pocket health care olderbecause older pe	e. The number of people is	entered in line 5 and the IRS N split into two categoriespeople wance for health car costs. If you	e who are under 65 and	b

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Document Page 53 of 70 Cheryl Moody Price Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 108.00 Copy here=> 108.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 108.00 108.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 493.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 984.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Fifth Third Bank 894.19 Сору Repeat this amount 894.19 894.19 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 89.81 89.81 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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ebtor 1	Cheryl Moody Price		Case number (if known)	
11.	Local transportation expenses: Check the number of vehic	cles for which you claim	n an ownership or operating	g expense.
	□ 0. Go to line 14.			
	■ 1. Go to line 12.			
	2 or more. Go to line 12.			
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for			
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.			
Vel	Describe Vehicle 1: 2012 Honda Pilot Utility 5FNYF4H63CB075167	123,000 miles VIN:		
13a.	Ownership or leasing costs using IRS Local Standard		\$ 471.00	
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at	
	Name of each creditor for Vehicle 1	Average monthly payment		
	Family Trust Federal Credit Union	\$ 232.33		
	Family Trust Federal Credit Union	\$ 165.99		
	Total Average Monthly Payment	\$ 398.32	Copy here => -\$398	Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	\$ 72.68	Copy net Vehicle 1 expense here => \$ 72.68
Vel	nicle 2 Describe Vehicle 2:			
13d.	Ownership or leasing costs using IRS Local Standard		\$0.00	
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	or	
	Name of each creditor for Vehicle 2	Average monthly payment		
		\$		
	Total average monthly payment	\$	Copy here => -\$	Repeat this amount on line 33c.
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$0.00	Copy net Vehicle 2 expense here => \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v			the \$ 0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the a		

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Debtor 1 Cheryl Moody Price Case number (if known)

Oth	er Nece	essary Expenses	In addition to the expense the following IRS categories		s listed above,	you are allowed your monthly expense	s for	
16.	self-er your p and su	nployment taxes, soc ay for these taxes. He	ial security taxes, and Medi owever, if you expect to rec om the total monthly amour	care taxe eive a tax	s. You may inc refund, you m	d local taxes, such as income taxes, lude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	0.00
17.	Involu	ntary deductions: T	he total monthly payroll ded	ductions tl	hat your job red	quires, such as retirement		
		outions, union dues, a		ah euch a	se voluntary 40:	1(k) contributions or payroll savings.	\$	0.00
18			. , ,	•	•	e insurance. If two married people are	· —	
10.	filing to Do not	ogether, include payn	nents that you make for you or life insurance on your dep	ır spouse'	s term life insu		\$	47.61
19.	admin	strative agency, such	The total monthly amount to as spousal or child suppor	rt paymen	ts.		\$	0.00
20		. ,			• • • • • • • • • • • • • • • • • • • •	You will list these obligations in line 35.	Ψ	
20.	Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or							
	for your physically or mentally challenged dependent child if no public education is available for similar services.							0.00
21.			, , ,		•			
	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschoo Do not include payments for any elementary or secondary school education.							100.00
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.							
	Payments for health insurance or health savings accounts should be listed only in line 25.							117.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment							0.00
24	·	•	•		•	ount you previously deducted.	+\$_ \$	2,331.10
24.		nes 6 through 23.	llowed under the IRS expe	ense ano	wances.			
Add	litional	Expense Deduction	These are additional of Note: Do not include a					
25.	insura					ses. The monthly expenses for health ly necessary for yourself, your spouse, o	or	
	Health	insurance		\$	616.63			
	Disabi	lity insurance		\$	45.36			
	Health	savings account		+ \$	0.00	٦		
	Total			\$	661.99	Copy total here=>	\$	661.99
	Do you	u actually spend this to No. How much do y				_		
		Yes		\$				
26.	conting your h	ue to pay for the reas ousehold or member	onable and necessary care	and supp ho is unal	oort of an elderl ole to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 294/h)	\$	0.00
		7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.						
27.			violence. The reasonably r	necessary	monthly exper	nses that you incur to maintain the		0.00

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Sacretary Sacr	otor 1	Cheryl Moody Price	Cas	se number (if known)			
8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$150.422 per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment or 40/119, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing axpense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy derk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § \$48(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$			e energy costs are included in your insurance	e and operating exp	enses on		
amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42") per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing expenses are higher than the combined for the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(4)(3) and (4). 32. Add all of the additional expense deductions. Add the secured to be the secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt. If it in lines 33a throug				ts included in exper	ises on lin	е	
\$160.42° per child) that you pay for your dependent children who are younger than 18 years old to altend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and chiling allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. I U.S.C. § 44(3)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$				show that the addition	onal	\$_	0.00
claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and calothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § \$48(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$	\$1	160.42* per child) that you pay for your de					
30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$				explain why the amo	ount		
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instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$	hig	gher than the combined food and clothing	allowances in the IRS National Standards. T				
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instruments to a religious or charitable organization. 11 Ú.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$	Yo	ou must show that the additional amount o		\$_	0.00		
32. Add all of the additional expense deductions. Add lines 25 through 31. Deductions for Debt Payment 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 33a. Copy line 9b here			financial		425.00		
Add lines 25 through 31. Deductions for Debt Payment 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 33a. Copy line 9b here Loans on your first two vehicles 33b. Copy line 13b here 33c. Copy line 13b here 33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No No No Yes No Yes No Yes No Yes S	Do	Do not include any amount more than 15% of your gross monthly income.					
33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 3aa. Copy line 9b here			\$	1,154.99			
loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 33a. Copy line 9b here Loans on your first two vehicles 33b. Copy line 13b here 33c. Copy line 13e here 33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No No No Yes No Yes No Yes No Yes S	Deduct	tions for Debt Payment					
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 33a. Copy line 9b here				mortgages, vehicle	9		
Mortgages on your home 33a. Copy line 9b here	То	calculate the total average monthly payme	ent, add all amounts that are contractually du	e to each secured			
Loans on your first two vehicles 33b. Copy line 13b here							ge monthly ent
33b. Copy line 13b here	33a.	Copy line 9b here			=>	\$	894.19
33c. Copy line 13e here => \$ 33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? -NONE- No Yes \$ No Yes \$ No Yes \$		Loans on your first two vehicles					
33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No -NONE- Yes \$ No Yes \$ No Yes \$	33b.	Copy line 13b here			=>	\$	398.32
33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No -NONE- Yes \$ No Yes \$ No Yes \$	33c.	Copy line 13e here			=>	\$	0.00
include taxes or insurance? No -NONE- No -No -No -No -No -Yes \$ -No -Yes \$ -No -Yes \$							
-NONE-	Name o	of each creditor for other secured debt	Identify property that secures the debt	include or insu	taxes rance?		
No				□ N)		
	-1	NONE-		P	es	\$	
					0		
□ No □ Yes + \$				_		¢	
Yes + \$	_					Φ	
				□ No)		
				D Ye	es +	\$	
Copy					Сору	y	
33e Total average monthly payment. Add lines 33a through 33d \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	33e T	Total average monthly payment. Add lines	33a through 33d	\$ 1,292.5	1 total		1,292.51

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Debtor 1	Che	ryl Moody Price			C	ase n	umber (if known)			
		debts that you listed in line property necessary for you				le,				
	No.	Go to line 35.								
] Yes.	State any amount that you listed in line 33, to keep pool Next, divide by 60 and fill in	ssession of your property							
Nam	e of the	creditor	Identify property that se	cures the d	lebt	To	otal cure amount		lonthly mount	cure
-NO	NE-					\$		÷ 60 = \$		
						_		Сору		
					Tota	al \$	0.00	total here=>	\$_	0.00
		owe any priority claims - su due as of the filing date of				that				
	No.	Go to line 36.								
	Yes.	Fill in the total amount of al ongoing priority claims, suc			lude current or					
		Total amount of all past-d	ue priority claims			\$	2,853.00	÷ 60	\$	47.55
36. P ı	rojecte	d monthly Chapter 13 plan				\$				
O th To	office of the Exec to find a l	nultiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclu nstructions for this form. This list	districts in Alabama and Trustees (for all other dides your district, go online u	North Car istricts). sing the link	rolina) or by specified in the	X		1		
A	verage	monthly administrative expe	nse				\$	Copy tota here=>		
		of the deductions for debtes 33e through 36.	payment.						\$	1,340.06
Total	Deduc	tions from Income								
38. A	dd all d	of the allowed deductions.								
		ne 24, All of the expenses all e allowances	owed under IRS	\$_	2,331.1	10				
(Copy lir	ne 32, All of the additional ex			1,154.9	99				
(Copy lir	ne 37, All of the deductions fo	or debt payment	+ \$	1,340.0	06	_			
7	Total de	eductions		\$_	4,826.1	15	Copy total here=>		\$	4,826.15

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Debtor 1	Che	ryl Moody F	Price			Ca	ase nu	mber (if known)			
Part 2:	De	termine You	ır Disposable Income Under	11 U.S.C. § 13	25(b)(2)					
			rent monthly income from lin Current Monthly Income and				l		\$		5,261.01
(childrer disability received	Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.						\$67 ²	1.67		
i	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specifie in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					d	\$	0.00	-		
42.	Total of	all deductio	ns allowed under 11 U.S.C. §	3 707(b)(2)(A).	Сору	line 38 here=	=>	\$ 4,826	3.15		
1	43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.										
Des	cribe th	e special cii	rcumstances			Amount of exp	ens	е			
					\$			_			
					\$						
					— \$			_			
							\neg	<u> </u>			
				Total	\$	0.00		ere=>\$		0.00	
44.	Total ad	ljustments. /	Add lines 40 through 43.			=>	\$_	5,497.82	Col	py re=> - \$	5,497.82
		-	thly disposable income unde	er § 1325(b)(2)	. Subt	ract line 44 from	line	39.		\$	-236.81
Part 3:	Gr	ange in inco	ome or Expenses								
	have cha time you you filed	anged or are Ir case will be your petition	or expenses. If the income in F virtually certain to change afte e open, fill in the information be n, check 122C-1 in the first colu in when the increase occurred	r the date you t clow. For exam imn, enter line	filed you ple, if t 2 in th	our bankruptcy p the wages report e second columi	etitio ted ii n, ex	on and during the ncreased after			
Forn	n	Line	Reason for change			Date of change	е	Increase or decrease?	Aı	mount of chang	je
□ 1 □ 1 □ 1	22C-1 22C-2 22C-1 22C-2 22C-1							☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase	\$		
	22C-2 22C-1							☐ Decrease ☐ Increase	\$		
	22C-2							☐ Decrease	\$		

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Debtor 1	Cheryl Moody Price	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you	declare that the information on this statement and in any attachments is true and correct.	
X	/s/ Cheryl Moody Price		
	Cheryl Moody Price Signature of Debtor 1		
	March 29, 2017 MM / DD / YYYY		
	ווווון / טט / ווווו		

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Debtor 1 Cheryl Moody Price Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2016 to 02/28/2017.

Line 4 & 40 - Child support income (including foster care and disability) Source of Income: Child support Constant income of \$671.67 per month.

Line 5 - Income from operation of a business, profession, or farm Source of Income: Self employed/Priceless Therapy Constant income of <u>5,161.00</u> per month.

Constant expense of <u>571.66</u> per month.

Net Income <u>4,589.34</u> per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-01543-hb Doc 1 Filed 03/29/17 Entered 03/29/17 17:13:17 Desc Main Document Page 65 of 70

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of South Carolina

		-	District of South Caronna			
Cheryl Moody	/ Price)		Case No.		
			Debtor(s)	Chapter	13	_
DI	SCL	OSURE OF COMP	ENSATION OF ATTOR	RNEY FOR DE	EBTOR(S)	
ompensation paid	to me	within one year before the fi	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to	,
For legal services, I have agreed to accept				\$	4,000.00	
					0.00	
Balance Due					4,000.00	
2. The source of the compensation paid to me was:						
Debtor		Other (specify):				
he source of comp	ensati	on to be paid to me is:				
Debtor		Other (specify):				
I have not agree	ed to s	hare the above-disclosed cor	mpensation with any other person	unless they are mem	bers and associates of my law firm	n.
n return for the ab	ove-di	sclosed fee, I have agreed to	render legal service for all aspect	s of the bankruptcy c	ase, including:	
 Preparation and Representation [Other provision Only those agreement 	filing of the one as as as se acts onts an	of any petition, schedules, st debtor at the meeting of cred eeded] s sepcifically set forth in the d application as needed; p	tatement of affairs and plan which litors and confirmation hearing, ar ne contract between Debtor(s) a	may be required; d any adjourned hea and attorney. Prepa	rings thereof; aration and filing of reaffirmatic	n of
			CERTIFICATION			
		g is a complete statement of a	any agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in	
arch 29, 2017			/s/ F. Lee O'Steen			
ite			F. Lee O'Steen			
			P.O. Box 36534			
					1	
					ı	
	ursuant to 11 U.S compensation paid e rendered on behate For legal serving Prior to the filing Balance Due The source of the computer of the source of the agreement of the source of the	DISCL ursuant to 11 U.S.C. § 3 compensation paid to me e rendered on behalf of the For legal services, 11 Prior to the filing of Balance Due The source of the compensation □ Debtor □ I have not agreed to share copy of the agreement or return for the above-die Analysis of the debtor. Preparation and filing. Representation of the compensation of the copy of the agreement of the source of compensation. Only those acts agreements and liens on houseled agreement with the decent of the copy of the the compensation of the copy of the debtor. Only those acts agreement with the decent of the copy of the copy of the copy of the copy of the debtor. Only those acts agreements and liens on houseled the copy of the copy o	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation. For legal services, I have agreed to accept. Prior to the filing of this statement I have received Balance Due. The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): I have not agreed to share the above-disclosed compercopy of the agreement, together with a list of the interior of the above-disclosed fee, I have agreed to an and filing of any petition, schedules, so Representation of the debtor at the meeting of creation. Only those acts sepcifically set forth in the agreements and application as needed; liens on household goods. 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P. 2016(b), I certify that I am the attorn ompensation paid to me within one year before the filing of the petition in bankruptcy, e rendered on behalf of the debtor(s) in contemplation of or in connection with the ban For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due The source of the compensation paid to me was: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person I have agreed to share the above-disclosed compensation with a person or persons we copy of the agreement, together with a list of the names of the people sharing in the n return for the above-disclosed fee, I have agreed to render legal service for all aspects. Analysis of the debtor's financial situation, and rendering advice to the debtor in dete. Preparation and filing of any petition, schedules, statement of affairs and plan which. 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P. 2016(b), I certify that I am the attorney for the above nar ompensation paid to me within one year before the filing of the petition in bankruptey, or agreed to be paid e rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptey case is as fol For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ Balance Due \$ The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): Thave not agreed to share the above-disclosed compensation with any other person unless they are memion of the agreement, together with a list of the names of the people sharing in the compensation is attain return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptey of the agreement, together with a list of the names of the people sharing in the compensation is attain return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptey of the debtor's financial situation, and rendering advice to the debtor in determining whether to. Preprenation and filing of any petition, schedules, statement of affairs and plan which may be required; Preprenation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hea. Only those acts sepcifically set forth in the contract between Debtor(s) and attorney. Prepa agreements and application as needed; preparation and filing of motions pursuant to 11 U. liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any adversary proceeding or any appeal from any order. CERTIFICATION CERTIFICATION 1/8/ F. Lee O'Steen Signature of Attorney O'Steen Law Firm,	Debtor(s) Chapter 13 DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ompensation paid to me within one year before the filing of the petition in bankruptey, or agreed to be paid to me, for services rendered or to erendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptey case is as follows: For legal services, I have agreed to accept \$ 4,000.00 Prior to the filing of this statement I have received \$ 0.00 Balance Due \$ 4,000.00 The source of the compensation paid to me was: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In tetum for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; Preparation and filing of any petition, schedules, statement of affiairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; Ohly those acts sepcifically set forth in the contract between Debtor(s) and attorney. Preparation and filing of any petition, schedules, statement of affiairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; Ohly those acts sepcifically set forth in the contract between Debtor(s) and attorney. Preparation and filing of any petition, schedules, statement of affiairs and plan which may be required; Representation of the debtor is an any adversary proceeding or any appeal from any order. CERTIFICATION CERTIFICAT

Name of law firm

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court District of South Carolina

In re	Cheryl Moody Price		Case No.	
		Debtor(s)	Chapter	13

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

ınforma	ation to, the debtor's schedules, statements and	lists which are being filed at this time or as they currently exist in draft
	Master mailing list of creditors submitted via	a:
	(a) computer diskette	
	(b) scannable hard copy (number of sheets submitted	
	(c) X electronic version filed	l via CM/ECF
Date:	March 29, 2017	/s/ Cheryl Moody Price
		Cheryl Moody Price
		Signature of Debtor
Date:	March 29, 2017	/s/ F. Lee O'Steen
		Signature of Attorney
		F. Lee O'Steen
		O'Steen Law Firm, LLC
		P.O. Box 36534
		Rock Hill, SC 29732
		_(803) 327-5300 Fax: (803) 327-5250
		Typed/Printed Name/Address/Telephone
		08032
		District Court I.D. Number

*EQUIFAX INFORMATION SERVICES LLC PO BOX 740256 ATLANTA GA 30374

*EXPERIAN PO BOX 2002 ALLEN TX 75013

*FHA 451 7TH STREET SW WASHINGTON DC 20410

*GEORGE CONITS U.S. ATTORNEY GENERAL OFFICE 55 BEATTIE PLACE, SUITE 700 GREENVILLE SC 29601

*INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATIONS P.O. BOX 7346 PHILADELPHIA PA 19101-7346

*NORTH CAROLINA DEPARTMENT OF REVENUE ANGELA C. FOUNTAIN BANKRUPTCY MANAGER COLLECTIONS EXAMINATION DIVISION P.O. BOX 1168
RALEIGH NC 27602

*SOUTH CAROLINA ATTORNEY GENERAL HONORABLE ALAN WILSON P.O. BOX 11549 COLUMBIA SC 29211

*SOUTH CAROLINA DEPARTMENT OF REVENUE P.O. BOX 12265 COLUMBIA SC 29211

*TRANS UNION CORPORATION PO BOX 2000 CRUM LYNNE PA 19022

*U.S. DEPARTMENT OF JUSTICE 950 PENNSYLVANIE AVENUE, NW WASHINGTON DC 20530-0001

*US ATTORNEY FOR SC 1441 MAIN STREET COLUMBIA SC 29201

*YORK COUNTY CLERK OF COURT PO BOX 649 YORK SC 29745

AMERICREDIT/GM FINANCIAL PO BOX 183853 ARLINGTON TX 76096

AMERICREDIT/GM FINANCIAL PO BOX 181145 ARLINGTON TX 76096

CHASE PO BOX 1423 CHARLOTTE NC 28201

CHILD AND FAMILY THERAPY CENTER 363 WILLIAMSON ROAD, STE 102 MOORESVILLE NC 28117

CHRISTINA ZIMMERMAN 1721 EBENEZER ROAD, STE 215 ROCK HILL SC 29732

FAMILY TRUST FEDERAL CREDIT UNION PO DRAWER 10233 ROCK HILL SC 29731

FIFTH THIRD BANK FIFTH THIRD BANK BANKRUPTCY DEPARTMENT, 1830 E PARIS AVE SE GRAND RAPIDS MI 49546

FIFTH THIRD BANK 5050 KINGSLEY DR CINCINNATI OH 45227 JOHN CLEMENT SYRETTA ANDERSON KHALED LAW FIRM 124 OAKLAND AVENUE ROCK HILL SC 29732

LOWES
PO BOX 530914
ATLANTA GA 30353

PARAGON REVENUE GROUP 216 LEPHILLIP COURT CONCORD NC 28025

QUEST DIAGNOSTICS PO BOX 740777 CINCINNATI OH 45274

SYNCHRONY BANK C/O PO BOX 965024 ORLANDO FL 32896

SYNCHRONY BANK/BP ATTN: BANKRUPTCY PO BOX 956060 ORLANDO FL 32896

SYNCHRONY BANK/LOWES ATTN: BANKRUPTCY PO BOX 956060 ORLANDO FL 32896

SYNCHRONY BANK/LOWES PO BOX 956005 ORLANDO FL 32896

SYNCHRONY BANK/TJX ATTN: BANKRUPTCY PO BOX 956060 ORLANDO FL 32896

SYNCHRONY BANK/TJX PO BOX 965005 ORLANDO FL 32896

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WELLS FARGO BUSINESS PO BOX 51174 LOS ANGELES CA 90051

YORK COUNTY TAX COLLECTOR P.O. BOX 116
YORK SC 29745